

DECLARATION

INVENTORSHIP IDENTIFICATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

ANTENNA INSTALLATION MONITORING DEVICE AND ANTENNA INSTALLATION METHODS

TITLE OF INVENTION

SPECIFICATION IDENTIFICATION

the specification of which:

- (a) is attached hereto.
- (b) was filed on December 29, 2000, as Serial No. 09/751,277
 and was amended on (if applicable).
- (c) was described and claimed in PCT International Application No. filed on
 and was amended on (if applicable).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d) (Prior Foreign/Pct Application(S) Filed Within 12 Months (6 Months For Design) Prior To This Application)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate(s) or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international application(s) having a filing date before that of the application(s) of which priority is claimed.

| Application Number | Country or PCT | Date Of Filing (Day, Month, Year) | Priority not Claimed | Certified Copy Attached? |
|--------------------|----------------|--------------------------------------|--------------------------|---|
| | | | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. § 119(e)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| Provisional Application Number | Filing Date |
|--------------------------------|-------------|
| | |

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

(All Foreign Application(S), If Any, Filed More Than 12 Months
(6 Months For Design) Prior To This U.S. Application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

| U.S Parent Application No. | PCT Parent Application No. | Date Of Filing (Day, Month, Year) | Parent Patent No. (If applicable) |
|----------------------------|----------------------------|-----------------------------------|-----------------------------------|
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DECLARATION

I hereby declare that my presentation of this paper constitutes a certification under 37 C.F.R § 10.18, which provides, in part, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application and any patent issuing therefrom.

SIGNATURE(S)

Inventor(s)

| | | |
|--------------|--------------------------|-----------------------|
| William | R. | Matz |
| (GIVEN NAME) | (MIDDLE INITIAL OR NAME) | FAMILY (OR LAST NAME) |

Inventor's signature William Q. Matz

Date March 10, 2001 Country of Citizenship USA

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| | | |
|--------------|--------------------------|-----------------------|
| Timothy | H. | Weaver |
| (GIVEN NAME) | (MIDDLE INITIAL OR NAME) | FAMILY (OR LAST NAME) |

Inventor's signature _____

Date _____ Country of Citizenship USA

Residence Alpharetta, GA 30022

Post Office Address: 110 Fox Cove Court, Alpharetta, GA 30022

| | | |
|--------------|--------------------------|-----------------------|
| (GIVEN NAME) | (MIDDLE INITIAL OR NAME) | FAMILY (OR LAST NAME) |
|--------------|--------------------------|-----------------------|

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address: _____

Signature by administrator(trix), or legal representative for deceased or incapacitated inventor.

Number of pages added _____.

Signature for inventor who refuses to sign or cannot be reached by person authorized under

37 CFR 1.47. Number of pages added _____.

Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47) Number of pages added _____

Authorization of attorney(s) to accept and follow instructions from representative.

This declaration ends with this page.

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| U.S Parent Application No. | PCT Parent Application No. | Date Of Filing (Day, Month, Year) | Parent Patent No. (If applicable) |
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SIGNATURE(S)

Inventor(s)

| | | |
|-------------------------|--------------------------------|-------------------------------|
| William (GIVEN NAME) | R. (MIDDLE INITIAL OR NAME) | Matz FAMILY (OR LAST NAME) |
|-------------------------|--------------------------------|-------------------------------|

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| Timothy (GIVEN NAME) | H. (MIDDLE INITIAL OR NAME) | Weaver FAMILY (OR LAST NAME) |
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|--------------|--------------------------|-----------------------|

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address: _____

Signature by administrator(trix), or legal representative for deceased or incapacitated inventor.

Number of pages added _____

Signature for inventor who refuses to sign or cannot be reached by person authorized under
37 CFR 1.47. Number of pages added _____

Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal
representative cannot be appointed in time. (37 CFR 1.47) Number of pages added _____

Authorization of attorney(s) to accept and follow instructions from representative.

This declaration ends with this page.